


AOC-056-6 Rev. 12-02  Commonwealth of Kentucky Court of Justice MC	 <b>CALENDAR</b>	Date: <u>11-15-13</u> Time: <u>9:00am</u>
JUVENILE HJ306		DOB: 1-29-97

# 13J701160 In the interest of a child: ALLISON SHIELDS  
01)WE 1(PO)  
Petition: \_\_\_\_\_  
Appearances: Child \_\_\_\_\_ Parent: M Atty. for Child Crahan  
Atty. for Parent: \_\_\_\_\_ CA: TBM  
Prob. Off.: \_\_\_\_\_ PW'S \_\_\_\_\_  
Police/Others \_\_\_\_\_  
Pending Court Dates: \_\_\_\_\_

Proceedings: **ARR**

(C) declined to participate in RT study  
IA subject to ~~reinstatement~~ reinstatement  
refer RT  
enter attached order

See Me Judge's Signature 11/15/13 Date



NO. 13J-201160

JEFFERSON DISTRICT COURT  
JUVENILE SESSION  
DIVISION 88/99

IN THE INTEREST OF:

ALLISON SHIELDS, A CHILD

**AGREED ORDER REFERRING CHILD TO RESTORATIVE JUSTICE LOUISVILLE  
(RJL) CONFERENCE PROCESS**

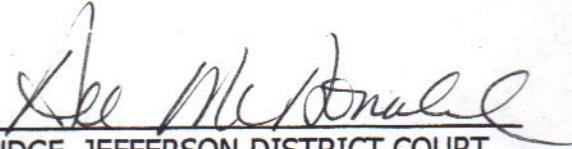
\* \* \* \* \*

The Court having been advised by the Commonwealth that it has reviewed petition #(s) (01) and is recommending informal handling of this case by the Restorative Justice Louisville (RJL) Conference Process, this Court makes these findings and enters the following order:

1. The Child, A. Shields, has been advised of and understands his/her rights as set forth in KRS 610.060 (1).
2. The Child is represented by and has consulted with counsel, Chad Graham and desires to have the pending allegations against him/her resolved through the RJL Conference Process.
3. The Child understands that (s)he is entitled to have a speedy hearing pursuant to KRS 610.070 (1), and has a right to have his/her charges resolved in a formal, confidential Juvenile Court proceeding pursuant to KRS 610.070 (2,3). The Child agrees to waive those rights, and the Court finds that the Child's waiver is knowingly and voluntarily.



4. The Child has been advised of all the requirements for successful participation in the RJL Conference Process and agrees to keep all appointments and abide by all rules and requirements of participation.
5. The Commonwealth agrees that nothing that is said by the child during the RJL Conference Process will be used against him/her at trial in the event that the Conference Process is unsuccessful.
6. Upon receipt of written notification from the RJL Coordinator that the Conference Process has been unsuccessful, the child's case shall be re-docketed and formal Juvenile Court prosecution of the unresolved petition(s) shall be initiated.
7. If the court receives notification from the RJL Coordinator that the Conferencing Process has been successful, then the court will enter an order dismissing the petition(s) and expunging all juvenile court records relating to the petition(s).
8. The Clerk shall prepare a referral packet to be delivered to the RJL Coordinator.
9. This case shall be remanded from the docket.

  
JUDGE, JEFFERSON DISTRICT COURT  
JUVENILE SESSION  
DIVISION 88/99

DATE: 11/15/13



I hereby agree to the findings and abide by the conditions of participation set forth above in the Court's ORDER above referring the Child's case to the RJL Conference, and have received a copy of this ORDER.

Allison shields  
X ~~Darlene Shields~~  
CHILD DATE  
[Signature] 11/15/13  
CHILD'S ATTORNEY DATE  
X ~~Darlene~~ Darlene Shields  
CHILD'S PARENT/GUARDIAN DATE  
[Signature] 11/15/13  
ASSISTANT JEFFERSON COUNTY ATTORNEY DATE

PW: Officer C. Zoeller (6832 1<sup>st</sup> Div.)  
(502) 767-4048

Carminé Zoeller @ louisville ky. gov

\* 813 Pleasant St  
Chenestown IN. 47111

Darlene shields  
Mom of Allison shields

Q # 812-704-6994

# 812-725-5407



AOC-JV-1 Doc. Type: PJ  
Rev 05-11 9/30/2013 2:51 pm ET  
Commonwealth of Kentucky  
Court of Justice Juv Id: 00335135  
www.KyCourts.net Page 1 of 2



**Juvenile**  
[ X ] Complaint [ ] Petition  
Status / Public Offender

CDW Referral No. 056-00249272-001  
Case No.  
Court  
County JEFFERSON  
The County Attorney has reviewed the complaint and determined from the available evidence that reasonable grounds ☒ do ☐ not exist to believe the alleged facts would constitute a public offense for those offenses noted below.

**Juvenile Information**

**JUVENILE INFORMATION**

In the interest of **ALLISON RAE SHIELDS**, a CHILD

Said juvenile resides at:  
813 PLEASANT STREET  
CHARLESTOWN IN 47111

With telephone number of  
Attends school at \*UNKNOWN SCHOOL

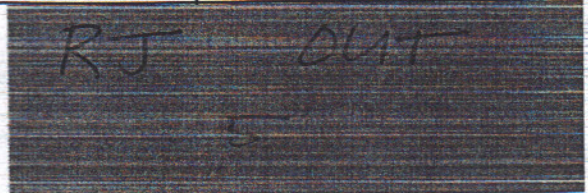
The juvenile's legal mother is DARLENE SHIELDS  
813 PLEASANT STREET CHARLESTOWN IN 47111 Phone:

The juvenile's legal father is  
Phone:

The parent with legal custody is DARLENE SHIELDS

Any Other: [ ] legal guardian other than a parent;  
[ ] nearest known adult relative if no parent or guardian is known or can be found;  
[ ] person with custody or control of the child

DOB	Gender
01/29/1997	Female
SSN	Race
305-19-4627	Caucasian



*[Signature]*  
14  
JUL 17 2013  
JEFFERSON CO. ATTORNEY

**Allegation(s) are as follows**

The affiant, BRIAN BAILEY 7850, says that in JEFFERSON County, Kentucky, the above named juvenile unlawfully committed the offense(s) of:

**WANTON ENDANGERMENT-1ST DEGREE-POLICE OFFICER** in violation of KRS 508.060 UOR code 013221 and within scope of KRS 610.010(1a,b,c,d). Affiant's grounds of belief are, that on 09/25/2013, Detective conducted a traffic stop on the above vehicle. As detective was making the stop the above subject began moving around as if to hide something. Officer Zoeller arrived on the scene and while searching the female juvenile she was poked by a syringe without a cap that was hidden in her bra. The juvenile stated the syringe belonged to co-defendant Darby Glotzbach, who asked her to hide it. He stated that he and co-defendant John Coe share the syringe. Her actions placed Officer Zoeller at great personal health risk. Co-defendants: Darby Glotzbach; 1/22/92; John Coe; 8/20/90.

See attached verified citation.

Incident Address: 22ND AT ST CATHERINE LOUISVILLE KY 40212

Interested Parties:

C ZOELLER 6832 PEACE OFFICER LOUISVILLE METRO POLICE DEPARTMENT 633 WEST JEFFERSON STREET  
LOUISVILLE KY 40202 767-4648 RJ ✓

Reasonable Grounds  
☒ Yes [ ] No  
[ ] Not Required

The affiant states that the foregoing allegations and Juvenile Information set forth above are true based upon information and belief.

Affiant Address:  
LOUISVILLE METRO POLICE DEPARTMENT  
633 WEST JEFFERSON STREET  
LOUISVILLE KY 40202

Phone Number:  
574-7111

Signature of Affiant  
BRIAN BAILEY 7850

----- 2 total pages exist -----

Sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_

Name \_\_\_\_\_

Title \_\_\_\_\_

Clerk's USE ONLY

Hearing Date \_\_\_\_\_  
Hearing Time \_\_\_\_\_ a.m. / p.m.  
Hearing Location \_\_\_\_\_

[ ] Notification to school superintendent / principal per KRS 610.345(3)

Time: \_\_\_\_\_

Authorized by \_\_\_\_\_

Date: \_\_\_\_\_

COPY DISTRIBUTION: Court CDW Files Child

THIS IS A PUBLIC RECORD ONLY IF CASE DISPOSED AS CAPITAL OFFENSE; CLASS A,B,C FELONY; OR OFFENSE INVOLVING DEADLY VIOLENCE (See JV-31 Disposition for Court Order). VICTIM / FAMILY / REPRESENTATIVE may access this document at any time.

Principal, \*UNKNOWN SCHOOL (if so directed by Court)



COMMONWEALTH OF KENTUCKY  
UNIFORM CITATION

KSP 206 (REV 2/1/06)

COURT

OFFENDER / VIOLATOR	AGENCY <b>L. M. P. D.</b>				ORI: <b>KY 0568000</b>			
	NAME (L-F-M) SKIP A SPACE BETWEEN NAMES <b>SHIELDS ALLISON RAE</b>				ATTN: <input type="checkbox"/> HOME PHONE			
	ALIAS				EMERGENCY PHONE			
	ADDRESS (RFD/STREET/APT. NO., ETC.) <b>813 PLEASANT ST.</b>				KENTUCKY RESIDENT STATUS F. <input type="checkbox"/> FULL TIME P. <input type="checkbox"/> PART TIME N. <input checked="" type="checkbox"/> NON RESIDENT			
VEHICLE	CITY <b>CHARLESTOWN</b>		STATE: <b>IN</b>		ZIP: <b>47111</b>		MARITAL STATUS	
	I.D. TYPE/STATE <b>SSN</b>		I.D. NUMBER		S.S. NUMBER <b>305-19-4627</b>		VICTIM'S RELATIONSHIP TO OFFENDER	
	DATE OF BIRTH <b>01 29 97</b>		SEX <input type="checkbox"/> MALE <input checked="" type="checkbox"/> FEMALE		RACE <input checked="" type="checkbox"/> WHITE <input type="checkbox"/> BLACK <input type="checkbox"/> AM. INDIAN OR ALASKAN <input type="checkbox"/> ASIAN		ETHNIC ORIGIN <input type="checkbox"/> HISPANIC <input checked="" type="checkbox"/> NON HISPANIC	
	PLACE OF EMPLOYMENT / OCCUPATION				CITY		STATE	
DATE / TIME	VEH. MAKE <b>MEAL</b>		VEH. TYPE <b>01</b>		VEH. YEAR <b>01</b>		COLOR TOP/BOTTOM <b>white</b>	
	REG. STATE <b>KY</b>		REG. YEAR <b>TEMP</b>		REGISTRATION NO. <b>TEMP #</b>		VEHICLE IDENTIFIERS <b>SAMPLE</b>	
	VIOLATION DATE		VIOLATION TIME		EXACT LOCATION OF VIOLATION / ARREST <b>22nd ST @ GRIFFITHS.</b>			
	DATE OF ARREST <b>09 25 13</b>		TIME OF ARREST <b>1920</b>		MILES		DIRECTION	
CHARGE(S)	VIOLATION CODE <b>13221</b>		ASCF <b>0</b>		STATUTE / ORD. <b>508.060</b>		CHARGES <b>WEIST</b>	
	VIOLATION CODE <b>42001</b>		ASCF <b>0</b>		STATUTE / ORD. <b>218A500(2)</b>		CHARGES <b>PDP</b>	
	VIOLATION CODE <b>50230</b>		ASCF <b>0</b>		STATUTE / ORD. <b>524.100</b>		CHARGES <b>TWPE</b>	
	VIOLATION CODE		ASCF		STATUTE / ORD.		CHARGES	
COURT	COURT DATE		COURT TIME <input type="checkbox"/> AM <input type="checkbox"/> PM		PAYABLE <input type="checkbox"/> COURT		COURT LOCATION	
	COURT DATE		COURT TIME		PAYABLE		COURT LOCATION	
	COURT DATE		COURT TIME		PAYABLE		COURT LOCATION	
	COURT DATE		COURT TIME		PAYABLE		COURT LOCATION	
POST-ARREST COMPLAINT	POST-ARREST COMPLAINT							
	DET CONDUCTED A TRAFFIC STOP ON THE ABOVE VEHICLE. AS DET WAS MAKING THE STOP THE ABOVE SUBS BEGAN MOVING AROUND AS IF TO HIDE SOMETHING. OFC ZOLLER ARRIVED ON SCENE AND WHILE SEARCHING THE FEMALE JUVENILE SITE WAS POKED BY A SYRINGE W/O A CAP THAT WAS HIDDEN IN HER BRA. THE JUVENILE SMED THE SYRINGE BELONGS TO CO-DEPT DABBY GLOTZBACH WHO ASKED HER TO HIDE IT. HE SMED THAT HIMSELF AND CO-DEPT JOHN COE SHARE THE SYRINGE. HER ACTIONS PLACED OFC ZOLLER AT GREAT PERSONAL HEALTH RISKS.							
	CO-DEPTS - DABBY GLOTZBACH - 1-22-12 JOHN COE 08-20-90							
CDL	CDL LICENSE <input type="checkbox"/> No <input type="checkbox"/> Yes				PLACARDED HAZARDOUS VEHICLE <input type="checkbox"/> No <input type="checkbox"/> Yes			
	COMMERCIAL VEHICLE <input type="checkbox"/> No <input type="checkbox"/> Yes				CDL CLASS <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C			
	NAME OF WITNESS				ADDRESS CITY/STATE			
	NAME OF WITNESS				ADDRESS			
CASE	CASE NO. 1 <b>80-13-073596</b>		CASE NO. 2 <b>80-13-073-661</b>		CASE NO. 3		CASE NO. 4	
	CARRIED FOR UCR BY CONTRIBUTOR: <input type="checkbox"/>				OTHER AGENCY: <input type="checkbox"/> SPECIFY		EVIDENCE HELD	
	OFFICER'S SIGNATURE <b>X [Signature] / BAILEY</b>				BADGE / I.D. NUMBER <b>6832 / 17050</b>		ASSIGNMENT <b>1326 / 155</b>	
	OFFICER'S SIGNATURE				BADGE / I.D. NUMBER		ASSIGNMENT	

13

M255864

5